

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

## **CLAIMS**

	AD FILED		APPROPRIATE ATTORNEY		APPROPRIATE ATTORNEY	
	CID	DEP	CID	DEP	CID	DEP
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TOTAL DEP.						
TOTAL CLAIMS						

	AD FILED		APPROPRIATE ATTORNEY		APPROPRIATE ATTORNEY	
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